



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Hazardous Waste Recycling Annual Report
Part B Continuation Sheet

20
Reporting Year

MassDEP Facility ID#

EPA Hazardous Waste ID#

This Part B Continuation Sheet
Provides Information On: (Check One)

- ☐ An Additional Permit
☐ Additional Receiving Facilities for an Individual Waste Stream
☐ Additional Waste Streams for an Individual Permit

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



For Waste Code(s), see your permit and/or the instructions.

For Recycling Code, see the instructions.

B. Hazardous Waste Recycling Information

1. Permit Transmittal # _____ 2. Expiration Date (Five Years After Permit Issued) _____

3. Regulated Recyclable Material (RRM) #1:

a. RRM Name _____ b. Waste Code _____ c. Recycling Code _____

4. Is the RRM Recycled On-Site? ☐ Yes ☐ No – Skip to 6

5. RRM Recycled On-Site:

a. Amount Recycled (Number) _____ b. Units (Gal., Lb., Kg., etc.) _____ c. Recycling Equip. Make & Model _____

6. RRM Shipped to Receiving Facility #1:

a. Amount (Number) _____ b. Units (Gal., Lb., Kg., etc.) _____

7. Receiving Facility #1:

a. Facility Name _____

b. City/Town _____ c. State/Province _____ d. EPA HW ID# _____

8. Transporter Used:

a. Facility Name _____

b. City/Town _____ c. State/Province _____ d. EPA HW ID# _____

9. RRM Shipped to Receiving Facility #2:

a. Amount (Number) _____ b. Units (Gal., Lb., Kg., etc.) _____

10. Receiving Facility #2:

a. Facility Name _____

b. City/Town _____ c. State/Province _____ d. EPA HW ID# _____

11. Transporter Used:

a. Facility Name _____

b. City/Town _____ c. State/Province _____ d. EPA HW ID# _____



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B. Hazardous Waste Recycling Information (continued)

**For Waste
Code(s)**, see your
permit and/or the
instructions.

**For Recycling
Code**, see the
instructions.

12. Regulated Recyclable Material (RRM) #2:

a. RRM Name _____ b. Waste Code _____ c. Recycling Code _____

13. Is the RRM Recycled On-Site? ☐ Yes ☐ No – Skip to 15

14. RRM Recycled On-Site:

a. Amount Recycled (Number) _____ b. Units (Gal., Lb., Kg., etc.) _____ c. Recycling Equip. Make & Model _____

15. RRM Shipped to Receiving Facility #1:

a. Amount (Number) _____ b. Units (Gal., Lb., Kg., etc.) _____

16. Receiving Facility #1:

a. Facility Name _____

b. City/Town _____ c. State/Province _____ d. EPA HW ID# _____

17. Transporter Used:

a. Facility Name _____

b. City/Town _____ c. State/Province _____ d. EPA HW ID# _____

18. RRM Shipped to Receiving Facility #2:

a. Amount (Number) _____ b. Units (Gal., Lb., Kg., etc.) _____

19. Receiving Facility #2:

a. Facility Name _____

b. City/Town _____ c. State/Province _____ d. EPA HW ID# _____

20. Transporter Used:

a. Facility Name _____

b. City/Town _____ c. State/Province _____ d. EPA HW ID# _____

NOTE:

If you have additional permits, waste streams or receiving facilities to report, attach a Part B Continuation Sheet.